



Notice of Independent Review Decision

REVIEWER'S REPORT

Date notice sent to all parties: August 07, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar sympathetic block for right foot/ankle PT LOS 5 days (64510)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management full time since 1993

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ **Upheld** (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
826.0	64510		Prosp.						Upheld
845.07			Prosp.						Upheld
724.2			Prosp.						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Certification of independence of the reviewer.
2. case assignment.
3. Letters of denial May 04, 2012 & 06/19/12, including criteria used in the denial.
4. Office visit note 06/12/12.
5. Designated doctor exam report 01/05/12.
6. Request for aftercare services 07/11/12.
7. Request for services and treatment plan 06/13/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

On this individual sustained a right hip and foot and ankle crush injury. On 10/30/11 a spinal cord stimulator was placed, which ameliorates the hip pain but not the ankle and foot pain. MRI scans of the ankle and foot showed contusions, tenosynovitis, and bone edema. Both sessions of physical therapy have been completed, and also a functional restoration program has been provided.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

ODG recommend lumbar sympathetic block if there is evidence of complex regional pain syndrome. Per IASP, there should be objective evidence of CRPS including edema, pseudomotor changes, hyperesthesia, and temperature changes. There is no documentation of any of these issues. The MRI scan shows tenosynovitis, which can be the etiology of the persistent pain. Lumbar sympathetic block is not indicated for this condition per ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
 - ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
 - ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
 - ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
 - ☐ INTERQUAL CRITERIA
 - X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
 - ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
 - ☐ MILLIMAN CARE GUIDELINES
 - X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
 - ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
 - ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
 - ☐ TEXAS TACADA GUIDELINES
 - ☐ TMF SCREENING CRITERIA MANUAL
 - ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
 - ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
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